

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-16-05</u>		2 Serial/Patent # <u>10/518160</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>200</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check  <input checked="" type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px 5px;">18--0160</span> </div>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):				
<u>Fee Code Correction</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>B. Campbell</u>			TITLE: _____	
SIGNATURE: <u>B/C</u>			PHONE: _____	
OFFICE: <u>PCT/DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____			DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*